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TABLE OF CONTENTS.

NUMBER  
**4**

#### HOMOEOPATHIC MATERIA MEDICA:

- Erigeron, by Dr. J. C. Fahnstock, Piqua, Ohio..... 123  
Several Remedies, by Dr. H. C. Allen, Chicago, Illinois..... 124

#### CONTRIBUTED:

- An Open Letter to the Homoeopathic Profession of the United States and Canada, Dr. James C. Woods, Cleveland, O..... 128  
American Institute of Homoeopathy, W. B. Hinsdale, Ann Arbor, Mich. .... 129  
My Plan to Place Homoeopathy on the Proper Basis as the Scientific Therapeutic Resource of Medicine, by Dr. F. F. Cassedy, Portland, Ore. .... 130

#### SELECTED:

- Dennis Sheedy Tells of Advantages of 1915 Indian Council... 135  
Curicanti Needle, Canon of Gunnison (D. & R. G. R. R.) Picture. 137

#### WITH THE ASSOCIATE EDITOR:

- What is the Matter with Homoeopathy and Homoeopathic Physicians? ..... 138

- The Second Prescription (cont'd), Dr. J. Tyler Kent, Chicago. 140

- Royal Gorge, Grand Canon of the Arkansas, Colorado. Picture.. 145

#### EDITORIAL:

- Pre-Convention Indications ..... 146

- Denver Under Commission Form ..... 146

- "Putting One Over" ..... 148

- Some Startling Statements by Secular Scribes.... 149

- The Defeat of the Medical Profession in England ..... 151

- Portals. Canon of the Grand River (D. & R. G. R. R.) Picture... 153

#### NEW MEDICAL BOOKS:

- Specific Diagnosis and Medication, Skudder; Eczema, What Is It and What We do for It, Bernstein; Polk's Medical Directory ..... 154

#### MISCELLANEOUS:

- Short and Snappy News Notes and Personals..... 155

- Several Short Articles Worth Looking Up..... 156

#### READING NOTICES:

- A Bunch of Short Items for Busy Doctors..... 160

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## HOMOEOPATHIC MATERIA MEDICA



### ERIGERON.



S PROMISED there would be more coming in reference to erigeron:

Last week I had the great pleasure of recording the following cases as improved, if not cured, by *erigeron*, and time alone will tell.

It has been a little more than five months ago when Miss R. gave the following history: At fourteen she began to menstruate and did so regularly until sixteen years of age, at which time she was more profuse than usual and it had never stopped day or night for a period of two years.

The flow was bright red, no clots, thin, never changing in color, flow less when quiet, at night; always worse when moving about, often quite profuse after any extra exertion.

The result of this flow, she was pale and weak, and surprising to say, had not grown thin, possibly owing to the fact she had a good appetite and slept well. She could not tell why she was in this condition; what produced it was a mystery to her as well as myself.

She complained of great weakness in lower bowel and lower part of spine. This was all I could learn of the case. From the condition—bright red flow, thin, made worse by motion—I was lead to give *erigeron*. The flow stopped within five days and has now menstruated three times at regular intervals of 28 days, the flow lasting three or four days, and she reports herself well in every way.

On December 2, 1911, was called to see a young lady who had been sick for two weeks and under medical care all of this time, and rapidly growing worse. She was taken with a severe burning in the stomach, sick at stomach, frequent vomiting. For the first few days she vomited what she had eaten and with it a white shiny mucus. After vomiting sev-

eral days at intervals she began to vomit bright red blood which was as thin as water, accompanied with severe burning in the stomach. She was lying in bed when I first saw her with scarcely any covering on her; she complained bitterly of her stomach—"my stomach feels like it was on fire;" thirsty, drinking made her pains and vomiting worse. Whenever she moved she was much worse and brought on vomiting.

For several days she had burning pains in her rectum, and every time she moved about her bowels would move and the discharge was thin, bright red blood.

Note the condition: vomiting of *thin, bright red blood, thin as water*; the bowels passing blood of same character; all made worse by motion pointed to *erigeron* only.

*Erigeron* was given and within ten hours there was a decided improvement; next day had one vomiting spell of blood; after that time no more vomiting. Balance of treatment was diet and placebos.

No return of trouble to date.

Mr. S., age 15 years, had been troubled with severe nose bleed for three years. The nose bleed would come on every few days, and, as he stated, would "run out in a stream like water." His nose had been plugged many times, cauterized, etc., adreneline, and all manner of styptics used, but of only temporary results. The young man was thin, weak and pale; much dizziness, fair appetite; bowels regular; slept well.

As he expressed it, "when my nose bleeds it just runs out like hot water." *Erigeron* was given, the results were he had two slight hemorrhages the following week, one the next, and one three months later, when the remedy was repeated, and he has had none the last sixteen months. This young man I see quite often, and he reports himself "perfectly well."

Piqua, Ohio.

J. C. FAHENSTOCK.



#### GNAPHALIUM.

BY J. HENRY ALLEN, M. D.

**W**E HAVE a very imperfect proving of this remedy. The writer has used it with some success in sciatic rheumatism of the right side.

Mentally the prover became very irritable. A diarrhoea first made its appearance. The stools were profuse, loose,

watery, dark colored and offensive. The bowel trouble was aggravated in the morning, and many times the bowel movements were accompanied with nausea and sometimes vomiting. There was much rumbling in the intestines before stool (*podo*). A nervous headache which was felt more at the base of the brain, with a sensation of fullness in both temples, were prominent symptoms. The headache was relieved greatly by bathing, and aggravated by smoking and by cold water. There was vertigo on rising from a recumbent position, and some pain in the right eye, with a shooting pain in the eyeballs. There were intermittent neuralgic pains in the superior maxillary, both sides. In the stomach he had aversion to food, with hiccough, eructations of gas and violent purging and vomiting.

A sensation of fullness in the bladder was a constant symptom in all provers. In the lower extremities a feeling of numbness; the lower limbs tire easily when walking (*tuber.*). *Intense pains along the whole length of the sciatic nerve*, cramps in the feet and calves of the legs. "Dull or darting pains from the right hip joint that passed posteriorly down to the foot. Pain in the sciatic nerve; worse sitting; aggravated lying down or stepping." (Dr. F. H. Lutze.) Numbness follows the pains or alternates with the pains. The action of this remedy is said to be similar to *xanthoxylum*.

#### GOSSYPIUM.

ONLY A FEW SUGGESTIONS can be made on the proving of the cotton plant. A tincture was made of the root by a Dr. Williamson.

The mind was uneasy with much sighing (*ign.*). Drawing pain in both temples (*ign.*). Drawing pains over the eyes. The taste was like that of *hepar sulph.*, "of rotten eggs" or sulphureted hydrogen; better after breakfast.

Stomach nausea with great accumulation of saliva in the mouth. Morning sickness during the first months of pregnancy; nausea comes on in the morning when she first begins to move; aggravated by the least motion. Much gas and wind came up after great retching and a violent effort to vomit. She *spits up great quantities of saliva when making the effort to vomit*. She is so faint after vomiting that she cannot arise from the bed for some time. There are strong uterine contractions during labor without any pain. Menses last but twenty-four hours and the flow is scanty

(*scopia*). Drawing or tearing pains in the right arm and hand. Sciatic neuralgia, pain begins in the right thigh and extends to the knee; worse by drawing up the limb. There is a sensation as if the muscles were too short (*rhus tox.*). Heavy feeling in the hands; better when hanging down. Much weariness in the lower limbs, when standing. Drawing pain in the legs, from above downward. Much lassitude and sensation as if the parts were beaten after pain ceases. Pains wander about, coming and going like *puls*. The patient is relieved by rest and heat, also ameliorated sitting and drawing up the affected limb, or by warmth of the bed.

*Skin Symptoms*.—Pale, red papular eruptions on both knees and outer side of labia between the thighs, which itch and burn intensely, and have a watery exudation after scratching.

#### GRANATUM.

(THE POMEGRANATE. PROVING BY DR. MULLER.)

**G**RANATUM has a sort of habitual melancholy like *nat. mur.* or *psorinum*. The patient gets angry at small offenses and is inclined to criticise and blame others for slight faults and mistakes on their part. There is long lasting vertigo, made worse by reading; vertigo with nausea when rising from the bed; vertigo with much weakness; nausea and faintness of the stomach; vertigo with obscuration of vision; trembling, weakness, roaring in the ears and trembling of the hands (*china off.*).

*Tape Worm*.—Pale blue rings about the eyes, sclera yellowish; face of a sickly, earthy color. Grinds the teeth all night (*cina, sabadilla*) when asleep. Tongue moist and thickly coated with an astringent feeling in the mouth and fauces. Much watery saliva in the mouth. Mouth full all day. Constantly spitting, much hawking of mucus from the throat with a feeling of constriction. Incessant hunger (tape worm), eats soon after a full meal (*cina, sulph.*). Craves sour, juicy fruits and coffee. Complete anorexia or again ravenously hungry. Very frequent eructations, uprisings and eructations of watery fluid into the mouth. Griping pains about the umbilical region; uneasy feeling in the bowels, with vertigo. There is an accumulation of much water in the mouth and grating of the teeth all night long.

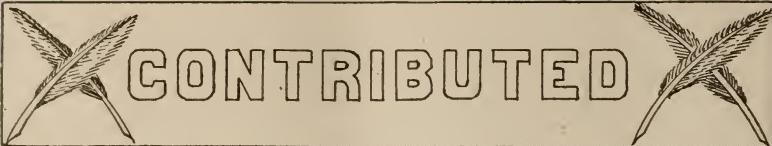
This remedy will prove itself useful in hemorrhoids. The hemorrhoidal tumors are small and protrude like a ring

during stool. Children complain of a distressing sensation, as if something alive were moving in the rectum (*pin worms*). Violent itching and tickling in the anus; burning itching about the anus and tenesmus with protrusion of the anus in diarrhoea. Diarrhoea with nausea as if he had taken a purgative. Round or tape worms are frequently passed after taking this remedy. The worms are usually covered with mucus. There is urging to stool with much flatulence and movements of gases, protrusion of the rectum and discharge of worms. The pomegranate is almost a specific for the expulsion of worms, especially the tape worm. It is safe and harmless. The remedy is prepared by steeping two ounces of the root in a pint of water and allowing it to boil down to three or four ounces; then after preparing the patient by a fast of fifteen hours, give an ounce every hour until two ounces have been given. In about six hours follow this with some active cathartic, which will expell the worms. This treatment, while simply mechanical, is often necessary in severe cases of round or tape worm. The potency of the remedy may follow this procedure, if the symptoms call for it or any other remedy that meets the constitutional dyscrasia.

During the menses the patient often suffers with weakness of the legs, weariness in the lower limbs, and pain in the small of the back as if sprained or beaten, which is worse sitting; patient also suffers with hemorrhoids protruding like a ring.

*Granatum* ought to prove a good remedy for scabes, especially where the palms of the hands are affected. It has intolerable biting and itching in the palms and between the fingers. The eruption is either vesicular or papular (*sulph., tub., sep., rhus tox.*). It may be frequently thought of in chillblains of the feet. The affected parts are bluish, red or mottled with a reddish-blue color. Sometimes the parts are very hot, the veins distended and accompanied with intense itching, biting and formication, which is greatly relieved by rubbing gently; worse by warmth of bed. Compare it with *petrolatum* and *agaricus*.

The aggravation is in the morning, during menses, after stool and walking. Ameliorated by drinking cold water and lying down. The pains are relieved by external heat, after dinner or in the afternoon.



# CONTRIBUTED

## AN OPEN LETTER TO THE HOMOEOPATHIC PROFESSION OF THE UNITED STATES AND CANADA.

HE AMERICAN INSTITUTE OF HOMOEOPATHY meets this year in Denver, the Queen City of the West, from July 6 to July 12. There are in the United States and Canada approximately 15,000 homœopathic physicians. Of this number but 2,700 are members of our National Organization—the oldest national medical organization in the United States. Never was there a time in the history of homœopathy when it was more necessary for the protection of the individual homœopathic physician to have back of him a strong, national organization than at the present time. In every state in the Union restrictive and proscriptive medical legislation is taking place, whose chief object it is to limit the number of physicians in each state, and especially the number of so-called "irregular" physicians. That such legislation, which in many instances results in much good, may result in infinite harm to the homœopathic profession, there cannot be the slightest doubt. Up to the present time a comparatively small number of homœopathic physicians in the United States have made the fight in your behalf. The Institute is protecting your interests through its various committees on education, on legislation, etc. We, however, need the co-operation of every homœopathic physician in the United States and Canada.

With this end in view, the admission fee has been reduced to one dollar for the first year, two dollars for the second year, three dollars for the third year, four dollars for the fourth year, and thereafter five dollars a year. In twenty-five years you become a senior member and further dues are not required. Subscription to the official journal, which contains the papers and the transactions of the Institute and is issued monthly, is one dollar per year. You are therefore taken into the Institute for the small sum of two dollars, including one year's subscription to the Institute Journal with access to all the transactions and scientific papers.

If you have never attended a meeting of the Institute, doctor, you have missed one of the greatest privileges of your life. Aside from the social features of the Institute, which bring you in close touch with the men and the women in the profession who are "doing things," there is the scientific aspect which you will find of even greater value. The Institute is in session six days and I have never yet attended a meeting that I have not been repaid a hundred fold for the time and money spent. To me this week is a "post-graduate week," and I come home refreshed, full of new ideas and in infinitely better shape to take up my work.

It has been the effort of the undersigned to organize the United States and Canada in such way that every homoeopathic physician not a member of the Institute will be personally solicited to become one. Should you not receive such solicitation, notify the chairman of this committee, or its secretary, Dr. Alden E. Smith of Freeport, Illinois, and a proper application blank will be sent you. Your colleagues who know you will gladly endorse your application.

Will you not, doctor, join the Institute this year, attending the Denver session if possible, and if not possible, at least give us your moral support? The meetings usually alternate between the East and the West, and in all probability next year's session will be held in the East or the Middle West.

JAMES C. WOOD,  
*Chairman of the Committee.*



#### AMERICAN INSTITUTE OF HOMOEOPATHY.

OFFICE OF THE PRESIDENT.

ANN ARBOR, MICH., April 1, 1913.

MY DEAR MR. EDITOR: The time is not far distant for the convening of the American Institute of Homoeopathy in the city of Denver. Naturally, I am intensely interested in the success of the meeting and believe you will lend the use of your valuable journal for me to say to the profession that it is of unusual importance that we have a full and enthusiastic convocation. These are the times of strenuous society activities. Scientific people, pseudo-scientific people, and all others for that matter, are active in organization work. This is also the era for long-sighted, purposeful co-

operation upon the part of those who wish to be identified with progress.

Let no one say he gets nothing worth while out of the Institute; rather let him feel the Institute can get something from him. Denver is the only place in the country where one can receive the invigorating influence of a wide-awake, enthusiastic medical meeting and by a slight expense see the greatest sights that Nature unfolds to the physical senses. The transportation committee have given special attention to "side-trips" and will have a long list of delightful long or short excursions to select from after the Institute is over. Not only that—the accommodations for the trip are being delightfully arranged. Those who go, as they should, "with the crowd," from Chicago, or even from farther east, will experience the benefits of an Institute *en transit*, because the good conversationalists, the best story tellers and the enthusiastic good fellows will be on the train.

Pass the word along. Take as a companion at least one candidate for membership. Urge the young men to seek the place where the enterprising and progressive element of our profession congregate.

The local committee are perfectly organized to make your coming to, stay at, and departure from, their beautiful city an event to be remembered and a celebration royal. Everybody, from now to the date of departure, be a "booster" for Denver and the sixty-ninth meeting of the American Institute of Homoeopathy.

Most cordially yours,

W. B. HINSDALE.



#### MY PLAN TO PLACE HOMOEOPATHY ON THE PROPER BASIS AS THE SCIENTIFIC THERAPEUTIC RESOURCE OF MEDICINE.

BY FRANK F. CASSEDAY, PH. B. M. D.

**A**MODERN CONDITIONS of society demand that any cause or movement no matter what its merit or how much it will benefit the world, must have an organized body of earnest, aggressive, and forceful men and women behind it, otherwise it will fail or die of inanition. The activities of

the individual in modern society are increased a thousand fold over twenty or even five years ago. There is so much to distract attention and interest, that without continued publicity any cause will fail.

Homœopathic physicians as individuals are doing well in a financial way, but organized Homœopathy is losing ground. There is no concerted and organized effort to educate, and increase the number of patrons of Homœopathy, to make new converts to Homœopathy, to demonstrate by public lectures the efficacy of the treatment, to describe the institutions, and describe their work, to give comparative statistics, or to educate the rising generations to the benefits of the treatment and give concrete examples. The public needs education and needs it constantly year after year.

The old school has failed. They confess their inability to cure disease by means of internal remedies. They run after serums and specifics.

The old school are telling the people that Homœopathy is dead. As the Homœopathic physicians fail to give the lie to these statements as they should, the public, owing to the lack of protests from the Homœopaths, are coming to believe that these lying statements are true.

The old school by flattery, cajolery, and promises induce Homœopathic physicians to join old school societies, and then literally hug them to death, and thus make a new kind of doctor, namely, a Homœopathic physician by education, an old school physician by absorption, which equals an old school physician plus a little Homœopathy. The primary class in school had been listening to a description of birds and bird life. A little wren was described as a small brown bird, small head, and a little short tail, nothing to speak of. At a school exhibition held soon after, a little boy described the wren as follows: "A little brown bird, with a small head and a little tail, but you must not say anything about it."

The Mormon church carries on a constant campaign of public proselyting year after year all over the world, and today it is one of the most stupendous religious, business, and political organizations the world has even seen. No noise or conflict, just constant unceasing publicity.

The Christian Science church has the most complete system of publicity to meet the public in a large way. Their system consists of lectures to the public, a constant stream of literature suitable for publication to 20,000 to 30,000 publications all over the world, replies to criticism both friendly

and unfriendly, local representatives to answer criticism and report same to head office, and personal letters and articles. It has built up a marvelous organization and practically stifled opposition, adverse criticism, and is constructive to the last degree.

The Osteopaths are carrying on a publicity campaign.

The old school are carrying on a sort of campaign of publicity, but it lacks unity and plan.

My plan includes:

i. Central Publicity Bureau composed of from three to five men under the authority of the American Institute of Homœopathy. One man in charge who can write live matter in a popular vein free from technicalities, boiled down, plain and newsy.

The work of this bureau will include general supervision as follows:

(A) Writing, printing and distribution of live printed matter on slips (on one side only) on health, sanitation, food, diet and Homœopathy and distributed to 20,000 to 30,000 newspapers, and other publications weekly and monthly, year in and year out. (B) Writing and distribution of missionary slips with boiled down information about Homœopathy with comparative statistics in quantities free to Homœopathic doctors. Said slips to be distributed by each physician in his own locality with his own card. (C) Clipping record. Clippings from all newspapers, magazines, etc., supplied by a clipping bureau. All clippings referring to Homœopathy in any way. This is the basis of the entire work. All adverse criticism as shown by these clippings, whether inspired by malice or friendship, should be supplemented by sending more matter to the critical publications, with personal letters in a conciliatory vein. (D) Organization of the doctors locally through correspondence from the head office, with suggestions as to the most effective methods of procedure, local organization, and constant interchange of ideas, suggestions, as to ways and means of pushing the campaign. (E) Distribution of press notices to the Homœopathic medical journals. These to be printed on one side of slips ready for clipping for publication. (F) Co-operation with all foreign Homœopathic organizations carrying on publicity campaigns, and inviting suggestions and facts about the foreign work. (G) Distribution of reports of the work and statistical information to all Homœopathic medical societies the world over, and arranging for

an exchange of courtesies in the way of statistics, suggestions, and information between the American bureau and societies. This to include all colleges, dispensaries, hospitals, and affiliated organizations interested in the campaign.

2. The Public Lecture Plan. Public lectures given by physicians in towns and cities throughout the country. Country will be divided into from six to eight zones. For example—Pacific coast states of Washington, Oregon, Idaho and California will form a zone. Physicians of one state will go to adjoining states and give public lectures, thus exchanging courtesies. This work can be done at no expense. Able men will be glad to go any reasonable distance and pay their own expenses. In special cases traveling expenses can be paid where the distance is great. Under this plan is no necessity for men to go from extreme east to extreme west, or vice versa. A useless expense. Other zones can be organized in the same way—as Middle West, Middle South, Middle East, Middle East-South, East and East-south, or any form desired or convenient, depending on population, facility of transportation, and large centers.

3. No traveling representative needed to visit the doctors. Money expended for such a useless officer more effectively used for publicity work. Physicians all intelligent men and women. They can be reached by correspondence with head bureau. As soon as plan is developed and the tide sets in for Homœopathy the American Institute of Homœopathy will have the largest and most active membership of any society in the world. Show the doctors that they will be placed in touch with the people. That is all that is necessary.

4. No journal needed. Let the medical journals do the medical end of this campaifn. Help them. Encourage them. Furnish them material and financial aid by means of distribution of special editions devoted to certain matters from time to time.

5. Financing the Campaign. There are something like fifty thousand Homœopathic physicians in the United States. At two dollars per head a year that yields one hundred thousand dollars. Many can and will contribute from ten to fifty dollars a year for ten years, so in case the number of individuals is less than my estimate the amount available will not vary materially from the sum indicated. Even twenty-five thousand dollars for the first year, expended on the work would work wonders. Let the money be used to pay for live

wire men who would do things. Cut out the pensioners, and get workers. A live active man who understands publicity work, with a corps of stenographers and typists, and mailing clerks, could make the entire population of the United States sit up and take notice within two months that Homœopathy was alive, was growing, was the real method of cure, and the battle would be half won, provided the campaign was continued year after year. No fancy offices, or highly paid high browed loafers can be used. The men to make this thing effective must be real workers who will take off their coats and keep busy.

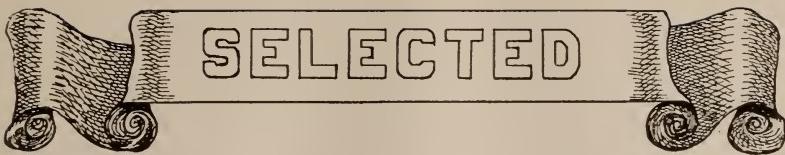
The expense of the lectures will be met by each local body of physicians. They will hire the hall or theatre (no churches should be used to avoid social entanglements), some good music, pay for advertising the lecture, arrange for stenographic report of lecture to be published in the papers the next day. At the lecture leaflets about Homœopathy, previously sent to head bureau, will be distributed to the audience, together with a small leaflet giving the name and address of each Homœopathic physician in the city who contributes to the movement. Leave out all who refuse to co-operate, as they will be glad to come in when the movement is started.

Nothing unprofessional or unethical about the whole matter. It is education of the public. The public want the services of physicians who will give them relief. The old school physicians cannot give it according to his own confession.

If the people attending the public lectures in the cities are not informed as to where these Homœopathic physicians, who have been in hiding so long, can be found, the laity will be left suspended in midair and the entire object of the whole movement will go for naught. Some selfish physicians who are well established will refuse to come in for purely selfish reasons. Cut them out and forget them. They will be knocking for admittance later. If they never come in the loss is theirs, as they can do no possible harm to the movement.

I would also suggest the city directories be ordered to insert a heading for "Homœopathic Physicians," telephone directories the same, and let every earnest Homœopathic physician display his colors on all occasions. If Homœopathic physicians are ashamed to announce themselves as such we cannot expect the press and the people of the country or the world to take Homœopathy seriously.

*Portland, Oregon, U. S. A., March 15, 1913.*



# SELECTED

## DENNIS SHEEDY TELLS OF MATERIAL ADVANTAGES OF 1915 INDIAN COUNCIL.

**D**ENNIS SHEEDY, who in the course of a lifetime has seen the wild animals that once roamed the plains pass away, who has watched the growth of a great state from meager beginnings and who is a prominent figure in the commercial life of the community, being president of the Denver Dry Goods Company, vice-president of the Colorado National Bank and vice-president of the International Smelting and Refining Company of New York, believes that the great spectacle that Denver citizens are planning to give in 1915, and which they will call "The Last Grand Council of the North American Indian," will be of untold benefit not only to Denver but to the state at large, and the people of the United States.

### SHEEDY FAVORS PAGEANT.

"I am greatly in favor of the pageant," said Sheedy, "for I think the advantages to be gained by an influx of tourists to the state cannot be overestimated. Of course we are always looking for an increased population in Colorado, for we know that ultimate prosperity will come to us through a vast population. There is nothing that will tend to increase our numbers like such a pageant as is contemplated in 'The Last Grand Council.' In the first place, it is of such great scope, so unique in its character, so wondrous in its historical value, that it will stand in records of the future as something to which no foregoing festival or exposition can be compared."

"I have seen the Indians in large numbers in the western country. But they are now passing. There remains today but the remnant of a once great and powerful people. Where in all history will you find a parallel to the 'Last Grand Council.' Have you ever heard of a pageant which celebrated the deeds and customs of a dying race and at which the world came to gaze? The unusual character of the exhibition, as well as its tremendous spectacular interest, will attract hundreds of thousands of people who have never had such an opportunity before and who know that never, as long as they live, will it be granted them again."

**HAS SEEN DENVER GROW.**

"I came to this country when there were about 1,200 people in Denver. I have seen the town grow from a few frame houses to a vast city of almost a quarter of a million people. Remember this remarkable growth was not because of great advantages offered by civilization, but in spite of the lack of them. Now, suppose 500,000 people pass through Denver on their way to the Panama exposition in 1915. They see a highly developed state offering wonderful gains in the way of mining, of farming, of commerce, of everything, in short, in which Colorado is rich. It is a foregone conclusion that some of our visitors will remain as citizens of the commonwealth. Even if we compute this gain at eight per cent—which statistics show is about the percentage of tourists who return to Colorado to live—there would be a material increase in the population.

"But the builders of the state, old and young, have an important duty to perform in order to impress the visitors with the advantages of Colorado, both from a business and residential point of view. Every man and woman in the state should assume a responsibility in aiding in developing the latent resources as far as his or her power goes. For when the thousands of visitors pour into the state they must see chances for earning a living here or opportunities for investment.

"We may picture in our minds the future of Colorado—what it will be twenty-five or fifty years hence with our expert knowledge of agriculture, with our advanced and scientific methods of mining, smelting and handling ores, and the untold, undeveloped wealth of our hills. Think what a prospect for homes and fortune will present itself to the hundreds of thousands of strangers that such a pageant will bring within our gates!

**BUFFALO ROAMED PLAINS.**

"A half century ago, when I came to Colorado, buffalo, deer, antelope and other animals were roaming the plains and there were only a few houses or ranches this side of Cheyenne.

"When our visitors take into consideration that the railroads, the mining industries, the manufacturing interests, have all grown up in such a short space of time, it will show them the vast possibilities of our state. When I took the Globe smelter it was a very small concern, but now it is one of the largest smelting plants in the West. The people of

Colorado who have established homes and made money have done so out of the vast resources of the state, which are only one-tenth developed. The gold and silver mining, coupled with grazing and farming and coal mining interests, and other industries too numerous to mention, make clear to anyone what a wonderful state we have. When one compares the wild, virgin state of the country a few years ago with our present-day civilization, further comment or prophecy is unnecessary.—From the *Rocky Mountain News*, March 2, 1913.



CURECANTI NEEDLE. BLACK CANON OF  
GUNNISON, D. & R. G. R. R.



## WITH THE ASSOCIATE EDITOR



### "WHAT IS THE MATTER WITH HOMEOPATHY AND HOMEOPATHIC PHYSICIANS?"



HIS IS THE SUBJECT of an article written by Dr. F. F. Casseday, Ph. B. M. D., Portland, Oregon, and published in the March number of the *Medical Century*.

It is well written, full of fire, to the point, and should be carefully read by every one. It is a trifle too pessimistic in some paragraphs, but this pessimism is doubtless written to gain grounds in forcing the following points.

It is such belligerency, conducted on sane principles that attracts our attention. In answering his own questions the Doctor says: "Homeopathy is ailing and its adherents among physicians are well nigh moribund."

The diagnosis is correct as far as the word "ailing" has any meaning, but the prognosis is rather discouraging. "Well nigh moribund." This means *nearly dead*. Not quite so serious as that we hope. The adherents are in a stage of crisis, and, of course, death may result, and yet if the proper remedy is administered, a little judicious time given, a complete recovery will follow to be succeeded by an active, vigorous life. The Doctor gives as a reason for this apathy, and tendency to dissolution, as a first cause—**TIMIDITY**. In other words, he avers that the younger men and women of our school are wanting in moral courage. He says they cannot endure the "jeers and taunts," etc., of the old school. This is possibly true. We say "possibly" for the reason that it is not the whole truth. We have young men and women who stand boldly for the faith that is within them and though tried almost beyond endurance, they have not wavered one iota—rather have grown stronger. Again, there are many noble men in the old school who have a profound reverence for the man with a sound therapeutic principle, even though that principle is not painted in colors they have learned to love, and commend rather than jeer such a one. The jeers come from the unprincipled, the political office seeker, the crafty, the one who loves dollars more than principle or life.

The second point is somewhat startling, for the Doctor says: "In the second place this attitude is due to the growing indisposition of graduates of homœopathic colleges to go before their communities as homœopathic physicians because, forsooth, they fear they will not be considered (?) (sic) if they hold themselves out as homœopathic physicians."

This may be true. The Doctor gives examples of such as being in his own town.

Why is this? First, it is due predominantly to the things taught in the colleges from which these men and women graduate. When professors of medicine and surgery in the colleges say repeatedly, and with force, that they are not sectarians but simply physicians and surgeons, and that, in this day, it is not policy to specify the kind of therapeutics practiced, the thought is contagious, and after a season of incubation crops out in a malignant form in those who are graduated. Again, when teachers in a homœopathic college boldly declaim that they have never read the organon, nor a proving of a single remedy, and spend their time in teaching serum therapy and other "adjuncts," what else can you hope for but the same nonsense in graduates? *Right here in the colleges who have forsaken the organon and the rational teaching of the Materia Medica, is the root from which has sprung this fruitless tree.*

Dr. Casseday says: "The institutions are dying." Not quite so serious, please. An institution with a principle and an institution with moral back bone to hold and teach that principle in spite of the most unjust and harassing opposition WILL NOT DIE. Any other institution ought to die.

As to a propagandism, many of the things mentioned by Dr. Casseday are commendable, if practical. What we need is a man or men, wide awake, full of fire, full of principle and the courage to tell in plainest language possible the thought that fill and fire their souls.

A man or men whose zeal is so contagious that they can set a state, local or national organization on fire with the same zeal and enthusiasm tempered with truth, honesty and unanswerable clearness. A man or men who can go before the laity when the occasion demands and tell in the simplest language possible the things that the layman needs to know for his bodily and mental health.

Such are the men we need.

WE HAVE THE MEN!

## THE SECOND PRESCRIPTION—(CONTINUED.)

BY DR. J. TYLER KENT.

ALL THINGS oppose haste in prescribing. In very grave diseases haste is a common error, more frequently with the second prescription than the first. Many doctors suppose that a diphteria demands an immediate medicine because "something must be done." This is an error; many a life has been saved by waiting and waiting. For example: A little girl was suffering from a severe attack of diphteria and the mother had treated it four days with mercurius 3-x, and kali bich. 3-x, in alternation. She was poor and therefore I did not refuse to take the case which was then in a very bad state; nose, mouth and larynx full of exudation. After a long study the child received lycopodium CM. (F.), one dose dry which cleared out the exudation from nose and fauces, but did not touch the larynx. I dare not tell you how long I watched that child before I saw an indication for the second remedy which it would have needed had the lycopodium been given when the child first took sick. I waited until the poor child was threatening dissolution when I saw a little tough yellow mucus in the mouth; kali bich., CM., one dose, cleared the larynx in one day and there was no further indication necessary.

The first prescription is made with the entire image of the sickness formed. People usually send for the doctor after there can be no doubt of the sickness to be treated; the doctor watches the improvement of the patient and the corresponding disappearance of the symptoms under the first prescription and when the case comes to a standstill, he is uneasy, and with increasing fidgetiness he awaits the coming indications for the next dose of medicine. Often he does not wait, and hence the report of lingering sickness in our medical journals. This fidgetiness which comes from the lack of knowledge unfitsthe physician as an observer and judge of symptoms; hence we see the doctor usually failing to cure his own children. He cannot wait and reason clearly over the returning symptoms. The first prescription may have been correct, but the second prescription is dangerous to make in a hurry.

While watching the prescriptions of beginners, I have observed very often the proper results of the first prescription. The patient has improved for a time, then ceased to respond to any remedy. Close investigation generally reveals the fact that this patient improved after the first dose

of medicine, that the symptoms changed slightly without new symptoms, and the new "photo" seemed to call for some other remedy, when, of course, the remedy was changed and trouble began; constant changing of remedies followed until all the antipsorics in the "*Chronic Diseases*" had been given on flitting symptom images, and the patient is yet sick. This is the common experience of young Hahnemannians trying to find the right way. Some of experience make lesser blunders and some make few, but how many have made none? All of these blunders I have made, as I had no teacher, until I blundered upon the works of the great Master.

The third great mistake (chronic diseases) which the homœopathic physician cannot too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. The three precautions of the great Master found in "*Chronic Diseases*," should be printed and posted in every physician's office and committed to memory. The third precaution relates to the second prescription.

The first prescription may not have been well chosen medicine and then it becomes necessary to make a second effort. As time brings about the re-examination of the patient, new facts are brought out in relation to the image of the sickness that show that the first medicine had not been suitable; perhaps several weeks have passed and the re-examination shows no change in the symptoms. Shall I compare all the facts in the case to reassure myself of the correctness of the first prescription, or shall I wait longer? Yes, to the former, of course, and if the remedy still is the most similar of all the symptoms, wait and watch and study the patient for a new light on his feelings that he has become accustomed to, that he has not observed. Commonly the new study of the case will reveal the reason why the first prescription has not cured; it was not appropriate. If it still appears to be the most similar remedy the question comes up, "How long shall I wait?" Also the change of potency may be considered. It is the practice of some to go higher, but the first dose may have been very high and then the previous question is to be considered, "How long shall I wait?"

At this point it should be duly appreciated that the length of time is not so important as being on the safe side, and "wait" is the only safe thing to do. But it may have been many days, but that matters not, wait longer. The finest curative action I ever observed was begun sixty days after the administration of the single dose. The curative action may begin

as late as a long-acting drug can produce symptoms on a healthy body. This guide has never been thought of by our writers, but it is well to be considered. Why not? It is the practice for some time to go lower if a high potency has failed. This method has but few recorded successes but should not be ignored.

The question next to be considered is the giving of a dose of medicine in water and in divided doses. This has at times seemed to have favor over the single dry dose. This is open for discussion, requiring testimony of the many, not few, to give it weight. The best reports are made of both methods, and both are in harmony with correct practice.

The next important step to be considered is when the first prescription has acted improperly, or without curative results. Then it becomes necessary to consider a second prescription. The first prescription sometimes changes the symptoms that are harmless and painless, into symptoms that are dangerous and painful. If a rheumatism of the knee goes to the heart under a remedy prescribed for the one symptom, the remedy has done harm; it is an unfortunate prescription and must be antidoted. In incurable diseases when a remedy has set up destructive symptoms, an antidote must be considered.

If the remedy changes the general symptom image and the general state of the patient is growing worse, the question then comes up, was the prescription only similar to a part of the image, or, is the disease incurable? Knowledge of disease may settle this question. If the disease is incurable, the action of the remedy was not expected to do more than to change the sufferings into peaceful symptoms, and the second prescription is to be considered only when new sufferings demand a remedy. But suppose such a change of suffering comes after the first prescription and the disease is undoubtedly curable, then the conclusion must be that the first prescription was not the true specific, and that the true image has not been seen. The second prescription is then to be considered, but hastiness may spoil all, as the first prescription has nearly done. Wait until the old image has fully returned is all there is to do. A prescription of a remedy that might have cured would not be useless in a chronic case. It is hazardous practice to follow up rapidly all the changing symptoms in any sickness, with remedies that simply for the moment seem similar to the symptoms present. The observing physician will know by the symptoms and their direc-

tions, whether the patient is growing better or worse, even though he appear to the contrary to himself and his friends. The complaints of patient or friends constitute no ground for a second prescription. The greatest sufferings may intervene in the change of symptoms in progress of permanent recovery, and if such symptoms are disturbed by a new prescription or palliated by inappropriate medicine, the patient may never be cured.

The object of the first prescription is to arrange the vital current or motion in a direction favorable to equilibrium, and when this is attained it must not be disturbed by a new interference. Ignorance in this sphere has cost millions of lives. When will the medical world be willing to learn these principles so well that they can cure speedily, gently and permanently? There can be no fixed time for making the second prescription; it may be many months. The second prescription must be one that has a friendly relation to the last one or the preceding. No intelligent prescription can be made without knowing the last remedy. Concordances in Boenninghausen must not be ignored. The new remedy should sustain a complimentary relation to the former.

In managing a chronic sickness the remedy that conforms to an acute experience of the illness is worth knowing, as very often its chronic may be just the one that conforms to its symptoms. Calcarea is the natural chronic of belladonna and rhus or natrum mur. sustains the same relation to apis and ignatia; silicea and pulsitilla; sulphur to aconite. The fact that pulsitilla has been of great service in a given case and finally cures no longer, but the symptoms now point to silicea, the latter will be given with confidence as its complimentary relation has long been established. While on the other hand causticum and phosphorus do not like to work after each other, nor will apis do well after rhus.

How physicians can make the second prescription without regard to the experience of nearly a century, is more than man can know. These things are not written to instruct men of experience in the right way, but the young men who have asked so often for the above notes of our present practice. I am told almost daily that this kind of practice is splitting hairs, but I am convinced of the necessity of obeying every injunction.

You should have no confidence in the experience of men who do not write out faithfully all the symptoms of the patient treated, and note carefully the remedy and how given;

especially is this necessary in patients likely to need a second prescription. The physician who has in his case-book the notes of every illness of his patients has wonderful hold of any community. He has the old symptoms and the remedies noted that cured, and he can make indirect inquiry after all the old symptoms long ago removed. The pleasure is not small found in consulting such a note book. Experience soon leads the close prescriber to note all the peculiar symptoms and to omit the nondescript wanderings indulged in by sick people; however, it is important to be correct in judgment.

Many physicians make a correct first prescription and the patient does well and cheers up for a while, but finally the test is made for the second and then all is lost. Homœopathy is nothing if not true and, if true, the greatest accuracy of detail and method should be followed. It is fortunate that the physicians who repeat while the remedy is acting are such poor prescribers, or their death list would be enormous.

A prominent writer has boasted that he could and had repeated high attenuations without effect. There can be no stronger confession than this of ignorance as to the knowledge of selecting remedies. Such men do not, and cannot, see their own lack of knowledge, or they would know why the statements is only a self-condemnation. Can it be that one physician who reads this can be urged to be more accurate in his habit when making the second prescription; if not, this effort is lost.

I have no hope of reaching such men as have only the desire to be scientific. Hahnemann never thought of establishing a science of medicine, but everywhere calls it the "Art of Healing." The sooner it is settled that men who are everlastingly seeking to be scientific and demonstrating this scientificity by chemistry, pathology and the microscope are not homeopaths, neither indeed can be, the better it will be for the followers of law and truth.

The man who works for the mighty dollar cannot be reached by this paper. I am well aware that it will act upon him as doth the raindrops upon the well-oiled fowl; neither can the vital spark look to him for protection. Yet a few will find their own efforts and experiences verified in this paper, and a few will profit by the recorded rules that have grown out of the following law.

The three rules of Hahnemann are as follows:

"There are three mistakes which the physician cannot too carefully avoid: the first is to suppose that the doses which I have indicated as the proper doses in the treatment of chronic diseases, and which long experience and close observation have induced me to adopt, are too small; the second great mistake is the improper use of a remedy; and the third mistake consists in not letting the remedy act a sufficient length of time."



ROYAL GORGE IN THE GRAND CANON OF THE  
ARKANSAS, COLORADO, ON D. & R. G. R. R.



# EDITORIAL SECTION

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Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.

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RE-CONVENTION INDICATIONS. One of the most promising pre-convention indications pointing to the success of the forthcoming meeting of the American Institute of Homœopathy in Denver next July, is the demand for exhibit space by numerous people interested in assemblages of this sort. Dr. Ray P. McGee has shown his special fitness for the position of chairman of this particularly important feature; the success of his system of solicitation to exhibitors, as indicated by requests for space which have come in by wire, mail and personal application, not only reflects great credit upon this particular committee, but is indicative of the interest shown by outsiders which almost warrants the assertion this meeting will be the most generally attended of any for many years.



DENVER UNDER COMMISSION FORM. By virtue of amendments to the city charter, adopted by the electors of the City and County of Denver at the special elections on February 14th, the legislative, executive and administrative powers and duties of all officers, now elected and appointed (except the auditor and the election commission), will be vested in a Commission of five members. The members of the Commission will be elected by the people, and each will receive a salary of \$5,000 a year.

From among the five commissioners, one has been designated as the "Commissioner of Social Welfare," whose du-

ties include a general overseeing of health matters which have heretofore been looked after by the health commissioner, and among a long list of aspirants to this position we notice the name of Dr. W. H. Sharpley, former health commissioner.

"The Commissioner of Social Welfare will exercise the powers and perform the duties now required, or that may hereafter be required by the constitution and general laws of this state to be exercised and performed by the County Superintendent of Schools and County Coroner, and in addition thereto all the powers and duties of the Commission of Charity and Correction, Library Commission, Health Commissioner and Market Master, as set forth in the charter."

It is pretty generally admitted this commissionership belongs to some member of the medical profession, and as it carries with it the conductment and control of health matters, including county hospital, pest house and Steele hospital, it goes without saying, almost, that the one aspiring to the position should possess qualifications calculated to meet the demands for a thorough knowledge of sanitation as well as other scientific matters pertaining to health.

Dr. Sharpley would bring to the position a thorough knowledge of all the public institutions enumerated and as under new conditions political "pull" will not be considered sufficiently important to influence appointments in public service of any sort, as has been the case heretofore, the opportunity he has had for study of the many different professional men during his previous incumbency of the health commissionership, would give him a decided advantage over any other man in the selection of suitable material with which to fill the numerous positions of responsibility in this important department. As a result the department would be brought to a high standard of efficiency which would place the people on an equally high plane of physical well being.

Dr. Sharpley's previous administration of the health bureau was one of the bright and shining examples of a department ably administered, with work of subordinates invariably well done; he was always courteous and considerate in his dealing with the public as well as the medical profession and his capable administration commanded both respect and recognition from both. If ability, honesty and efficiency are elements entering into the success of any candidate for this position, Dr. W. H. Sharpley should not fail.

"**P**UT ONE OVER." As the slang expression describes it those opposed to what has been termed the Tuberculosis Bill had one "put over on them" when the legislature, after due deliberation, passed that bill despite the determined fight made against the same.

On St. Patrick's day Governor Ammons attached his signature, thus making this enactment a law which can be stricken from the statute books by vote of the people only. The date of the governor's approval makes it appear a "dirty Irish trick," and no doubt the opponents of the measure designate it as such.

Charges were made two years ago that this bill had been presented and promoted by persons looking well to the interests of the American Medical Association, yet notwithstanding this powerful backing so persistent were the protests and determined the fight made against the measure at that time, Governor Shafrroth vetoed the same just in time to prevent it becoming a law.

Several times since THE CRITIQUE has hinted a possibility of the incident being merely suspended and by no means closed, so when at this session the same bill, somewhat modified but still in the ring, bobbed up serenely, "framed and fostered" by the American Red Cross and *kindred* organizations, it became immediately apparent that the A. M. A. was doing its work through kindred spirits, and the result speaks for itself, notwithstanding Governor Ammons is credited with having used undue diligence in deliberating his signature to the document.

Briefly, the bill provides that physicians, all persons practicing as physicians, which will include Christian Scientist healers, osteopaths, kyropractors, managers and superintendents of sanitariums and similar institutions, to, within twenty-four hours after the knowledge of a case of tuberculosis, must furnish all facts relating to the patient to the health officer of the community, who, in turn, will pass the information on to the state board of health. This information will be inscribed on blanks furnished by the state board.

A complete history and condition of the patient must be furnished. Evidence upon which the diagnosis of tuberculosis has been made must be submitted, giving in detail the part of the body affected, and the stage of the disease. All cases in which the excretions shall contain the tubercle bacillus, shall be regarded as open cases of tuberculosis.

Any health officer, upon request of any physician or any other authority, must make a microscopical examination of excretions forwarded in a package which will be furnished by the state board of health. The health officers of every community will be held personally responsible for his territory and the reports therefrom, and must transmit quarterly a copy of this report to the state board. Such register shall be open for inspection only to health officers. In all cases the identity of the persons so afflicted must be concealed.

Owners and agents of apartments vacated by persons having open tuberculosis, vacated either by death or removal, must have the apartment disinfected, according to the rules of the health board, before it can be occupied again. Attending physicians and local health officers will be held responsible for the carrying out of this section. In cases where vacated apartments are not disinfected within forty-eight hours after the removal of the occupants, the local health authorities must post in a prominent place this notice:

*"Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may be infected. They must not be occupied until the order of the health officer directing their disinfection or renovation has been complied with. This notice must not be removed under penalty of the law, except by the health officer or other duly authorized official."*

While the bill apparently gives all kinds of medical and non-medical people a fair show, just how the Christian Scientists, osteopaths and krios propose complying with the law insofar as it requires a *complete history and condition of the patient* is concerned may appear more of a task after the state board has decided just what procedure shall prevail in this proviso.

Now that we have the law, however, let us all look pleasant and pretend we like it immensely. J. Poultry Morris is receiving congratulations of his friends for the masterly manner in which he presented the winning side's case at court.



**S**OME STARTLING STATEMENTS BY SECULAR SCRIBES. Once in a while, or, perhaps, oftener, the secular press lays itself open to special criticism through the sample of sensational stuff it inflicts upon an unsuspecting

public; these same samples have become so similar to silly stories which are printed simply because they "listen good" that the medical profession has become somewhat serious in their determination to ask that a censorship be placed over this class of so-called news. Under the heading "Miracles of the Lay Press," H. G. W. in the *Long Island Medical Journal* has the following to say:

"From time to time the news columns of the daily press announce, with every appearance of sincerity and often with details of time, place and circumstance enough to insure credence, such wonders of modern surgery as to stupefy, bewilder and benumb the most imaginative. Now it is the human heart that has been removed by two surgeons, repaired, purified and replaced. Again, the eye of a sheep is reported as successfully implanted in a human orbit. The crowning achievement seems to be the replacing of a portion of a human brain by that of a dog, an epoch making event recently reported in an otherwise trustworthy and respected New York daily. Whether some men might not be permanently benefited by the substitution of a good canine brain for a questionable human one is a thought worthy of consideration.

"The glow of pride that warms the doctor's heart when he reads of such an achievement, the eager joy with which he welcomes the news of such a wonderful step in advance is only equaled in human experience by those keen delights that have come to us in childhood when we have rapturously absorbed the stirring adventures of Jack the Giant Killer, or possibly have read for the first time the fascinating, if apocryphal, narrative of the chances that befell Sindbad the Sailor. What if today's edition does deny yesterday's report? What if we are assured that it was not the whole brain, but only the dura that was inserted? We have had the thrill, and a credulous public has learned of another gifted surgeon whom it may patronize in case of need. Without going into further detail one might readily enumerate a number of newspaper accounts, some of them illustrated and provided with display head-lines in Sunday editions, that should make the slow plodders of the medical profession blush with shame to think they have fallen so far behind in accomplishment.

"The point in all this is the harm that comes to the medical profession and the public alike from the publication of such uncensored reports. Consider the gorgeous possibilities of that operation on the wounded heart—think for one minute of the bitter disappointment of the credulous sufferer from heart disease who rushes to his family counselor with this cheering bit of medical progress only to learn that his heart disease cannot be cured in any such spectacular way; and so on through all the list of discoveries whereby the blind are made to see and the dumb to speak by miracles of surgery vouched for on the authority of reputable newspapers. Such passing notoriety as accrues to the doctor whose performance is heralded in the public press is more than offset by the false light in which he is displayed to his fellows, while the harm done to a reputable physician by a garbled account of what may be a really creditable performance may cling to him for years.

"And the moral of this, as the Duchess said to Alice in Wonderland is, that corn, and not pearls, is the proper porcine diet and the lay-press should censor its medical news."

Persons responsible for such pipe dreams as any of the foregoing, and these samples are by no means the most flagrant offenders, lay themselves liable to the suspicion that it

would be unwise if not foolish to look for either courtesy or exactness in any statements they might be called upon to make, inasmuch as the love for sensational sayings which sound silly but command the ear of the editor and eye of the public is of far more importance to them than any good the information might bring to the public at large. Such writers should be subjected to some of these so-called scientific stunts they so glibly garble; we do not know if the selection were left us, but what we should insist upon the dog brain substitution in all such subjects. While it might not work out from a strictly scientific standpoint, if only a partial success it would insure improvement in this class of contributions to sensational surgery and such.



**T**HE DEFEAT OF THE MEDICAL PROFESSION IN ENGLAND. From time to time we have referred editorially to the contest which has been carried on by the medical profession in England with the Government to secure adequate compensation for medical services under the new Insurance Act. After various conferences and arguments, the Government refused to yield to the demand of the profession and an effort was made on the part of the British Medical Association to induce all medical practitioners to sign a pledge refusing to serve under the provisions of the Act.

About twenty-three thousand of the twenty-eight thousand medical practitioners in England bound themselves by a signed pledge to refuse to serve under the Act until its provisions were modified in such a way as to be acceptable to the members of the Association. When the time arrived for the provision of the Act to be put in force, the physicians who had not signed the pledge at once applied for positions under the Government and those who had signed the pledge, seeing nothing but professional and economic ruin ahead of them, began in large numbers to disregard the pledge and to apply for positions under the Government. Once the break began, it was merely a question of who would be the first to "get in the band-wagon," and the fight planned by the Association has been turned into a rout. In order "to save the face" of those members of the profession whose honor prevented them from disregarding the solemn pledge they had entered into, the representatives from the various medical societies met on January 18th and formally released the members of the profession from further adherence to the pledge. Thus the contest between the profession and the Government for the purpose of securing fair treatment and adequate compensation, has resulted in utter defeat as far as the medical profession is concerned.

Viewing the matter from the standpoint of an outsider, it is difficult to see how the vast majority of the medical practitioners in England will be able to continue in medical work now that the Act has been put in force. Under its provisions, free medical attention is provided for all persons whose earning capacity is less than eight hundred dollars a year, which would be equivalent to one thousand or twelve hundred dollars a year in the United States.

The effect upon the medical practice is already evident. For example, Sir J. de Rees cited the instance of a practice in Middlesex worth seventy-five hundred dollars before the passing of the National Insurance Act which is now unsalable. He also referred to another practice for which six thousand dollars were offered before the Insurance Act was

in sight, and which realized forty-nine hundred dollars after it was passed, and now it cannot be sold at any price.

There is considerable complaint that many members of the profession who have accepted service under the Government, have disregarded all professional precedent and are issuing circulars and informing insured persons that they are on the panel and are open to accept names on their list. These circulars are being distributed broadcast and, in addition, many practitioners are endeavoring to secure the influence of officials of the Insurance Societies in order that their persuasive efforts may be brought to bear upon the insured persons to select them as their doctor. The Association is endeavoring to repress such practices, but so far, so great is the economic strain in the face of almost ruinous conditions, that all of the previously existing rules of professional conduct have been disregarded by the vast majority of medical practitioners.

Although the Act has only been in force for a few weeks, its disadvantages to the profession and to the public are already in evidence. For example, in the London *Times* of January 21st, an account is given of a patient suffering from abdominal pain who applied to one of the Government physicians for treatment. The doctor, thinking the case was a simple one gave the patient a prescription which did not relieve him. A day or two later the patient died and an autopsy showed femoral hernia which had become gangrenous. At the Coroner's inquest it was testified by competent physicians that, had an examination been made, and an operation performed, the man's life would have been saved. In defense the physician testified that it was practically impossible to examine patients properly and do the work required of him by the law. He stated that, on the day that he was consulted by the deceased, he was engaged for six hours at a stretch signing cards, which he was compelled to do under the Act for persons desiring treatment, and that, not infrequently, there was a crowd of two or three hundred persons waiting with cards to be signed before they could secure treatment. In such circumstances it was impossible to properly prescribe, much less properly examine patients applying to him for treatment. The Coroner's jury, after deliberating over the case, returned a verdict of death from natural causes and excused the physician "owing to the scandalous amount of work that was imposed upon him under the Act."

From these and other facts that have developed during the past few weeks, it is evident that the National Insurance Act in addition to proving ruinous to the medical profession, is likely to prove harmful to the public as well, and that sooner or later the Government will be compelled to recognize that the laborer is worthy of his hire, and that competent medical service can only be secured by the payment of adequate fees.

We cannot close this subject without calling attention to the utter lack of efficient organization that exists among the medical profession. Had the Government been engaged in a contest with hod carriers or coal heavers instead of physicians it is probable that they would have stuck together and that the Government would have been compelled to grant all or part of their just demands. Over the medical profession, however, the Government won an easy victory and, despite the numerous theoretical objections that can be raised to so-called trade unionism, the experience of the medical profession in Great Britain has demonstrated the fact that it is only by effective organization that the profession can hope to secure or to retain its just dues.—*G. H. W., Editorial, Hahnemannian Monthly.*

It may appear a far cry from the Insurance Act of England to the Owen Bill in America, but the results of the latter, if forced upon the medical profession of this country,

would prove equally disastrous to it as the former has to our professional brethren in the tight little isle.

On one hand "government" has stepped in and taken the selection of one's medical advisor out of the hands of the individual, while in this country the profession propose becoming "government" and say who shall and who shall not serve as guides in such affairs in the United States.

The American Medical Association has already assumed dictatorial tactics highly offensive in medical matters, and as it absolutely controls such situations insofar as government positions are concerned, it is not at all likely it would permit others, outside its charmed circle, to participate either in patronage or privilege were it in its power to prevent.

The question in our mind is: has not the A. M. A. such an effective hold upon the "government" already, as to prevent any outside this organization securing, let alone retaining, their just rights?

G. H. W. need not worry over the thorough organization of a certain medical society; furthermore, to gainsay its absolute assumption of authority in matters medical, of a public nature, is but to confess a lack of observation or a willful avoidance of facts, so if *organization* is all that is necessary to secure absolute dominion of this particular branch of trade or professional "unionism," to the eternal damnation of all outside its organization, it is a cinch no further concern need be felt in certain circles, in case a similar state of affairs should prevail in America, as now confronts the medical profession of England.



PORTRAITS CANON OF THE GRAND RIVER,  
D. & R. G. R. R.



## NEW MEDICAL BOOKS

SPECIFIC DIAGNOSIS AND MEDICATION, by the late John M. Scudder, M. D.; 12th edition reprinted; 12 mo., 819 pages; cloth, \$3.00. John K. Scudder, Publisher, Cincinnati, Ohio.

This is an interesting book and well worth reading. It gives one an excellent idea of Eclectic methods and is told in a plain, practical and particularly pleasing style.

\* \* \* \*

### ECZEMA, WHAT IS IT AND WHAT SHALL WE DO FOR IT.—

With a Modern Descriptive List of Clinically Proven Remedies. Three Parts. By Ralph Bernstein, M. D., Philadelphia, Pa., Clinical Professor of Dermatology, Hahnemann Medical College, Philadelphia, Pa.; Clinical Instructor in Skin Diseases, same institution; Consulting Dermatologist to the Women's Southern Homœopathic Hospital, etc., etc.

This sixty-two page pamphlet is a reprint from *Medical Century*, April, May and July, 1912, and contains a very comprehensive treatise pertaining to the treatment of this most troublesome disease. It is a *clinic* conducted upon broad and modernized methods, which should be in the hands of every up-to-date physician. The repertory feature, containing a list of clinically proven remedies, will be interesting to homœopathic prescribers, and may prove particularly helpful in that case of eczema that has been bothering some of your patients. We cannot give cost of this valuable addition to medical literature but feel safe in saying a letter to Dr. Bernstein, 37 So. Nineteenth street, Philadelphia, will be rewarded by either a copy of the reprint or information whereby the same may be secured.

M.

\* \* \* \*

### POLK'S MEDICAL REGISTER AND DIRECTORY OF NORTH AMERICA, 1912, TWELFTH REVISED EDITION; R. K. Polk & Co., Publishers, Detroit, Mich.

Strictly speaking, this work does not come under the head of "New Medical Books," but its use being so general and confined almost exclusively to the medical profession, we cannot resist the temptation of giving space to its mention in this department.

While some of the references as given in this book are slightly misleading, taken as a whole it is a valuable and dependable publication, inasmuch as it touches upon nearly every subject of importance in connection with medical matters. It contains in concise form the different state laws; list of medical colleges; roster of examining surgeons appointed under authority of the Commissioner of Pensions; official list of commissioned and other officers of the Public Health and Marine Hospital Service of the United States, as well as a list of U. S. Marine Hospitals and Quarantine Stations; medical corps of the U. S. army and navy; national and interstate associations and other general information. Add to this an alphabetically arranged list of every registered physician in the entire North American countries one can readily afford to overlook such slight errors as those of misplacing a few in the shuffle of school assignment.

While giving all the information contained in previous volumes and a little in addition, this issue is somewhat smaller in bulk, all of which adds to its value as a book of reference without detracting from its reliability as a guide to medical data.

Taken as a whole, Polk's Directory, twelfth revised edition, is a very valuable document and should be in possession of every physician in the country.

O. O.

## MISCELLANEOUS

President Wilson's particular pet is the hoodoo number, thirteen.



Dr. Henry F. Hoffman announces that hereafter his practice will be limited to Orthodontia, 324 Metropolitan Building, Denver.



Dr. Ralph Bernstein, Philadelphia, issued two thousand reprints of his article in last month's issue, "The Care and Hygiene of the Skin."



Dr. Walter Sands Mills, formerly editor of *The Chironian*, is now numbered among the "associate editors" of *The North American Journal of Homoeopathy*.



A luncheon was served at the regular meeting of the general arrangements committee, A. I. H. meeting, Denver, at their regular session the 26th of last month.



Among the substantial gifts during December, 1912, to the Flower Hospital (homoeopathic) of New York, was something over thirteen hundred dollars in cash. Again the hoodoo thirteen showing some class.



After settling all bills in 1912, the Rochester (N. Y.) Homoeopathic Hospital had over four thousand dollars to the good. No evidence of word *homoeopathic* hurting that institution, nor an inclination to remove it if it did.



Dr. Albert F. Swan, Colorado Springs, spent several days of the month of February and March in Denver. He called upon editor of *THE CRITIQUE*, who is pleased to observe the evidences of prosperity which accompanied him.



Dr. F. C. Strong, Denver Homoeopathic College '98, has closed his offices in the Commonwealth Building and is now in New York pursuing his professional education. Following this course he will invade European countries in search of further information along such lines.



Dr. S. S. SMYTHE had the following Easter "greeting" from Dr. W. A. BURR recently: "This conveys our Easter greetings and informs you that Mrs. Burr and I are enjoying life. (Signed) DR. AND MRS. W. A. BURR." These good people are now living at Pasadena, Cal.



Dr. Edwin J. Clark, Elko, Nev., was a caller at *THE CRITIQUE* offices the latter part of February. He has severed connection with the newspaper at Elko, with which he was associated in an editorial capacity, and may locate permanently in Colorado for the practice of medicine.



Dr. H. C. Kehoe, Flemingsburg, Ky., has been appointed superintendent of the Kentucky Institute for Feeble Minded at Frankfort, the State Board of Control of that progressive state having so decided. Dr. Kehoe will leave his former location where he has established an excellent practice, the 1st of May, and is anxious that some real homoeopath succeed him in Flemingsburg, a city of some fifteen hundred people. He will be only too glad to assist any one answering this descrip-

tion. Homoeopathy has thrived in Flemingsburg and vicinity for over fifty years; Dr. K's practice touched the \$5,000 mark last year, so it goes without saying this would prove a splendid place for the right party. Write Dr. H. C. Kehoe, Flemingsburg, Ky.



*The Chironian*, January, appears with new title page which is a decided improvement over the old style, notwithstanding the old way was almost good enough for any one. This publication is now under the guidance of an editorial board of which Franklin B. Pedrick, '13, is editor-in-chief.



Discontinuance of Free Antitoxin.—The N. Y. City Health Department has discontinued the practice of supplying free antitoxin for diphtheria, after eighteen years of this policy. The general adoption of this method is given as the reason. Provision will still be made for indigent cases.—*Buffalo Medical Journal*.



The Shannon (Ill.) *Weekly Reporter* says: "At the wedding reception a young man remarked: 'Wasn't it annoying the way that baby cried during the whole ceremony?' 'It was simply dreadful,' replied the trim little maid of honor; 'and when I get married I'm going to have engraved right in the corner of the invitations: 'No babies expected.''"



The profession will be much surprised and saddened to learn of the sudden death of DR. MARY A. INGERSOLL. She was stricken with angina pectoris on Sunday, March 23d and died before medical aid could reach her. She is survived by her husband, Dr. Luther A. Ingersoll, who has been an invalid for several years, one son and one daughter. Dr. Ingersoll was a graduate of one of the colleges to succeed the Denver Homoeopathic College and was highly respected by both laity and the profession. THE CRITIQUE offers sincerest sympathy to sorrowing relatives and friends.



Messrs. Boericke & Tafel announce that the new work by Frederick M. Dearborn, M. D., of New York, entitled, "Diseases of the Skin, Including the Exanthemata," will be out on, or before, September 1st. There is no author of our school who has the clinical facilities that Dr. Dearborn possesses in the dermatological and contagious services of the great Metropolitan Hospital (Dept. of Public Charities of New York City) and in the Flower, Hahnemann, Laura Franklin, Women's, Volunteer, St. Mary's, Jamaica and Yonkers Homœopathic Hospitals. The observation of over ten thousand cases seen in thirteen years' work and results of their treatment, form the basis for what promises to be the most practical book on the subject yet published. Over two hundred original illustrations testify to the element of vivid example so needed in a book on skin diseases.



#### IOWA ORIFICIAL SURGEONS MEET AND ELECT OFFICERS.

DES MOINES, IOWA, March 12, 1913.

EDITOR THE CRITIQUE: I hand you the following report which will be of interest to many of your readers.

The first annual meeting of the Iowa Association of Orifcial Surgeons was held in the parlors of the Savery Hotel at Des Moines, Iowa, March 5th. The following officers were elected: President, Dr. W. H. McCartney, Des Moines, Iowa; Vice-President, Dr. C. L. Stoddard, Boone, Iowa; Secretary-Treasurer, Dr. W. J. Buck, Des Moines, Iowa;

Dr. A. E. Shaw and Dr. W. A. Guild, both of Des Moines, Iowa, members of the Executive Committee. Des Moines was chosen as the place of the next meeting. Dr. E. H. Pratt, A. M., M. D., LL. D., of Chicago, Illinois, conducted an orificial clinic at the Des Moines General Hospital in the forenoon. Eight cases were operated on, demonstrating the fundamental principles of orificial surgery. Forty of Iowa's foremost surgeons were in attendance. In the evening a banquet was spread with Dr. E. H. Pratt as the guest of honor. The entire meeting was a success.

Yours fraternally,

W. J. BUCK, Sec'y-Treas.



#### THE AMERICAN ASSOCIATION OF ORIFICAL SURGEONS.

The spring clinic of the American Association of Orificial Surgeons will be held in the Surgical Amphitheatre of Hering Medical College, corner of Wood and York streets, Chicago, Ill., April 23-4-5-6. Dr. E. H. Pratt, A. M., M. D., LL. D., and assistants will operate on clinical patients, demonstrating the fundamental principles of orificial surgery as applied in the treatment of chronic diseases and as an adjunct to major surgery in general.

On April 26th, the fourth and last day of the clinic, Dr. Pratt and assistants will demonstrate other therapeutic measures which have been recently introduced to the medical profession; including abdominal calisthenics, manual therapeutics, high frequency treatment of internal organs, spondylothorax and new hydro-therapeutic measures. These measures will be introduced and demonstrated not as curative measures within themselves alone, but as adjuncts to the ordinary armamentarium of the physician.

Tuition to this clinical course is free to all practising physicians, medical students and nurses.

Physicians are invited to bring clinical cases for operation. No operating fee will be charged. Excellent hospital accommodations will be provided. Opportunity will be presented for the physicians bringing clinical cases to assist personally in the operation.

The clinic headquarters will be the Hotel La Salle, where reservations may be made in advance. For further information address the Secretary of the Association,

W. A. GUILD, Des Moines, Iowa.



#### PANAMA CANAL.

SAN DIEGO, CAL., March 15, 1913.—Time was when an amputation was performed by a fellow with a battle axe who laid the member-to-be-severed on a log and took one or two swift chops at a point previously selected, then twisted a strip of bark around the stump and if the patient victim didn't bleed to death or die of blood poisoning the operation was a success. The other day a San Francisco physician, taking a cue from the theatrical profession, "tried it on the dog," and installed in the left hind heel of a canine a joint made of silver, with diamond bearings, guaranteed to last a lifetime—and then some. Man, already fearfully and wondrously made, seems destined to become a composite of transplanted tissues and bones, metal and jewels, in the not far distant future. He will answer the question: "Whence came I?" by pointing to the laboratory.

All of which goes to show that the idea of the San Diego Exposition of 1915, celebrating the completion of the Panama canal, by displaying processes rather than products, is going to find a fine field of

opportunity in recording the progress of surgery by displaying the processes employed since the first heretic dared to dig beneath the skin for any purpose other than blood-letting. That these processes shall be revealed in all their progressive completeness is definitely determined, but the exposition officials are wondering where they will obtain subjects for demonstration of the earlier stages of surgery when the instrument was the battle axe and the operating table a fallen tree.



#### OF INTEREST TO PHYSICIANS.

An interesting table of statistics furnished by the Physicians' Defense Company of Fort Wayne, Indiana, is given below. This gives a recapitulation of the basis of all malpractice suits which have been passed upon by the supreme courts of various states:

Fractures . . . . .	47.1%
Miscellaneous . . . . .	18.1%
Surgery . . . . .	17.5%
Obstetrical . . . . .	5.3%
Dislocations . . . . .	3.5%
Erroneous diagnosis . . . . .	2.7%
X-Ray (use of) . . . . .	2.0%
Conduct of autopsies or inquest . . . . .	1.6%
Prescription and dispensing of drugs . . . . .	1.3%
Conduct of insane investigations . . . . .	.9%
<hr/>	
	100.0%

From the above it will be seen that the most prolific source of malpractice suits is the treatment of fractures. Under the heading, "Miscellaneous," are included cases in which the nature of the injury or treatment is not clearly set forth in the court's decision, or where the cases were appealed on some legal technicality and the original cause of action was not considered in deciding the appeal.

This table indicates that no practitioner, whatever the scope of his work, is exempt from the liability of being made the defendant in one of those annoying actions, for the general practitioner and the specialist are equally liable. It therefore behooves every physician and surgeon to arrange for protection against malpractice suits and the contract of the Physicians' Defense Company is well worth investigating. A postal to their Home Office at Fort Wayne, Indiana, will secure full particulars.



#### INSTRUCTION FOR MIRAJ MEDICAL SCHOOL.

A teacher of Physiology, Chemistry, Physics, Biology and Bacteriology is needed to work in connection with the Presbyterian Mission Hospital Medical School and Leper Asylum at Miraj, West India. A man who has a knowledge of X-ray work is preferred.

This hospital is under the direction of Dr. W. J. Wanless. A statistical summary indicates the extent of the work:

Out-door patients—Treated, Miraj . . . . .	9,812
Out-door patients—Total treatments . . . . .	23,771
Out-door patients—Out stations . . . . .	7,581
Out-door patients—Total treatments . . . . .	13,326
Total treatments, Miraj and out stations . . . . .	37,097
Visits to sick in their homes . . . . .	117
In-door patients treated, Miraj . . . . .	1,735
In-door patients treated, Vita . . . . .	72

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whether deep or superficial indicates circulatory disturbance. The relief of tension, the stimulation of arterial and capillary circulation is the definite procedure in treatment and ANTIPHLOGISTINE applied thick and hot should be the first thought as a therapeutic agent.

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THERAPEUTIC EFFICIENCY

Surgical operations performed at Miraj, Major .....	1,700
Surgical operations performed at Miraj, Minor.....	1,034
Surgical operations, out stations (mostly minor).....	415
Eye operations performed, Miraj .....	1,607
Total operations performed, Miraj and out stations.....	3,189
Chloroform and ether administered, times .....	1,134
Local anesthesia employed .....	1,607
Medical cases treated in hospital .....	279
Surgical cases treated in hospital .....	1,466

There is a good department of nursing; a new septic ward is being constructed with accommodation for eight patients; new medical school buildings will soon be opened to comprise a new clinical building to include new out-patient department with consulting rooms, dispensary, class-rooms, clinical laboratory, lecture hall, two-eye wards with 24 beds, and an ophthalmic operating room.

There is to be also a laboratory building for teaching purposes, containing anatomical room, chemical, physiological and pathological laboratories, an X-ray plant, and a museum and library. The erection of this building is to begin when the clinical building is completed.

The medical graduate who is appointed to this position will have opportunity for practice as an assistant in medicine and surgery, though the major part of his time will be taken up with teaching.

A man who is looking forward to permanent service as a medical missionary, and who proves satisfactory in this position, would have opportunity for locating permanently if he desired to do so.

Traveling expenses and living quarters are provided in addition to \$50 monthly salary. The terms: a three-year appointment with the privilege of renewal of contract with two or three additional years, if mutually agreeable.

Christian men who wish to investigate this opening should send full particulars regarding their qualifications to Mr. Wilbert B. Smith, 600 Lexington Avenue, New York City.



#### PENNSYLVANIA STATE NOTES FOR APRIL.

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Continental Hotel," Ninth and Chestnut streets, on Monday, February 17, 1913, at 9 p. m. Doctor Ralph Bernstein gave "A Projectoscopic Skin Clinic—a Lantern Demonstration of the More Common Skin Diseases (in colors)—Their Recognition and Treatment," which proved to be a very interesting feature of the occasion. The Censors reported the name of Dr. G. Harlan Wells, Hahnemann, 1902, who was elected to membership. There was a full attendance of members, and a delightful time was had by those present.

LANDRETH W. THOMPSON, M. D., Sec'y.

The Clinico Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, February 15, 1913, at 8:30 p. m. The scientific program consisted of the following:

"Pathology of, and Demonstrations of a Case of Kerato-conus," Dr. F. O. Nagle.

"Sitis Inversus Viscerum" (presentation of a case), Dr. C. D. Saul.

"Clinical Analysis and Pathologic Findings of an Unusual Case," Dr. C. D. Fox.

(Discussion opened by Dr. B. K. Fletcher.)

"Repair of a Large Leutic Perforation of the Palate" (with photographs), Dr. G. W. Mackenzie.

The meeting proved to be a very enjoyable one, and was well at-

BENJ. K. FLETCHER, Sec'y.



# READING NOTICES

**DRESSINGS IN SUPPURATING WOUNDS.**—The healing of suppurating may be expedited in a marked degree by the use of ECTHOL (Battle). In addition to a germicidal influence it adds to cellular resistance, as a result of which the luxuriant germ growth becomes inhibited, until finally the purulent process becomes reduced to the point where the resistance of the involved tissues turns the tide toward healthy granulation. Where such wounds are of more than ordinary size or severity, the internal administration of ECTHOL has proven a most useful adjunct to the local treatment.



#### **THE CHOICE OF A RECONSTRUCTIVE AFTER PNEUMONIA.**

—The hypersusceptibility of a patient after pneumonia to tuberculosis emphasizes the need for more than ordinary care in the selection of a reconstructive for the convalescent period. In line with this point, the first requirement to be made of the reconstructive is that it possess the power of charging the exhausted tissues with nutrition and thus renew the ordinary resistance against tuberculous invasion.

A further necessary quality of the reconstructive selected is palatability. Cord. Ext. Ol. Morrhuac Comp. (Hagee) fully meets these several demands, as a result of which it proves a most reliable and satisfactory reconstructive agent in pneumonia convalescence.

The value of this cod liver oil product for the purpose named is so generally accepted that, with many physicians, its administration is a routine practice. The advantages of Cord. Ext. Ol. Morrhuac Comp. (Hagee) lie in its proven therapeutic power and its very acceptable character.



**MOUTH DISINFECTION.**—There never was a time when so much thought was devoted to the prevention of disease as now. Modern science has shown that true prophylaxis starts with the individual. It is, accordingly, the age of personal hygiene, not the least important detail of which is mouth disinfection.

Among the latest and most effective measures that have been placed at the service of discriminating people for the proper care of the teeth and mouth, REDOX ALKALINE DENTAL CREAM unquestionably stands first. Evolved from the daily experience of one of the country's leading dentists, it embodies every quality essential to cleansing, whitening and preserving the teeth. It is effectively antiseptic, delightfully re-

freshing and sufficiently alkaline to counteract that most dangerous of mouth conditions, acid fermentation. It is a remedy, par excellence, for relaxed or diseased conditions of the mouth—Pyorrhea, Rigg's Disease.

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**SELECTION OF A TONIC.**—The greater care and thought being devoted to the use of remedies in disease is heartily to be commended and there can be no question but that the vastly superior therapeutic results that medical men are uniformly obtaining today are the direct outcome of the broader grasp of drug action. Take for instance, the successful application of tonic medication. No physician at the present day would think of administering any potent restorative or reconstructive remedy without paying due consideration to the following essential details:

First. The avoidance of any remedy which from its nature or ingredients would tend to unduly stimulate or excite the higher nerve centers.

Second. The avoidance—except when specifically indicated—of any remedies which suddenly and markedly raise the blood pressure.

Third. The avoidance of reconstructive measures except in rare instances, which do not have a well defined permanence of action, or which must be constantly increased in quantity, or continued indefinitely, in order to secure their beneficial effects.

Fourth. The avoidance of remedies containing drugs which are apt to produce dangerous or toxic effects as a result of some possible idiosyncrasy on the part of the patient.

Careful investigation on the part of the careful practitioner will enable him to see that of all the tonic remedies at his command, Gray's Glycerine Tonic Comp. is one of the few that can be freely employed with certainty that all of the foregoing requirements have been met.

As a matter of fact, clinical experience has clearly demonstrated that one of the strongest features of Gray's Glycerine Tonic Comp. is its practical freedom from any contraindication of age, sex, season or personal idiosyncrasy. It is a thoroughly reliable tonic that accomplishes its effects solely through stimulating the physiologic functions of the body. As a consequence its whole action is to restore a nearer normal balance between physical waste and repair; in other words, the proper nutrition of the whole body. Under its use every function is promoted and helped to do its normal amount of work, with all that this means in the maintenance of physical health and vigor.

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